



Authorization to Conduct Background Check

Requested by (YMCA Supervisor) _____

Branch - _____ Department _____ Major Account - 3250 PCS Code _____

Please check position VOLUNTEER _____ EMPLOYEE _____

Legal First Name _____ Middle Initial _____ Last Name _____

Former / Maiden Name (if applicable) _____

List all of the states you have resided in the past 5 years _____

Birthdate (mm/dd/yyyy) _____ Social Security Number _____ - _____ - _____

This form, which you should read carefully, has been provided to you because the Family YMCA of Marion & Polk Counties may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the Family YMCA of Marion & Polk Counties, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and the Family YMCA of Marion & Polk Counties are filed with any third parties, the Family YMCA of Marion & Polk Counties may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the Family YMCA of Marion & Polk Counties at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. A consumer-reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances may obtain the information contained in these reports.

I have carefully read and understand this notice and by my signature below, consent to the release of consumer and investigative reports, as defined above, to the Family YMCA of Marion & Polk Counties (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) during the course of my volunteering.

I further understand that any and all information contained in my application or otherwise disclosed to the Family YMCA of Marion & Polk Counties by me before, during, or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Family YMCA of Marion & Polk Counties and confirm that all such information provided in connection with my job application is true and correct.

I further understand and acknowledge that nothing in this notice is intended to be, or is, an offer of employment or a promise of continued employment will be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the Family YMCA of Marion & Polk Counties.

By sending this information electronically I am approving the transmission of this sensitive information. If I have chosen to not fill in my social security number and birthdate to transmit electronically then by signing this form I have given my permission for the authorized YMCA Staff to input that information for me so as to complete this background check.

Signature _____ Date _____

Parent's permission if a minor _____